

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

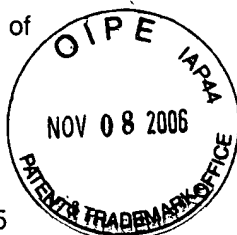
In re Patent Application of

Atty 4450-12

Dkt.

C# M#

BROWN et al



TC/A.U.

Unassigned

Serial No. 10/528,156

Examiner: Unassigned

Filed: March 17, 2005

Date: November 8, 2006

Title: DNA-TARGETED BENZOTRIAZINE 1,4-DIOXIDES AND THEIR USE IN CANCER THERAPY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment 0 minus highest number
previously paid for 20 (at least 20) = 0 x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment 0 minus highest number
previously paid for 3 (at least 3) = 0 x \$200.00 \$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add
\$360.00 (1203)/\$180.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

One Month Extension \$120.00 (1251)/\$60.00 (2251)
Two Month Extensions \$450.00 (1252)/\$225.00 (2252)
Three Month Extensions \$1020.00 (1253)/\$510.00 (2253)
Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)
Five Month Extensions \$2160.00 (1255)/\$1080.00 (2255) \$ 0.00
\$130.00 (1814)/ \$65.00 (2814) \$

Terminal disclaimer enclosed, add

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00

TOTAL FEE ENCLOSED \$ 0.00

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
LCM:lff

NIXON & VANDERHYE P.C.
By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: 



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

BROWN et al

Atty. Ref.: 4450-12; Confirmation No. 6375

Appl. No. 10/528,156

TC/A.U. Unassigned

Filed: March 17, 2005

Examiner: Unassigned

For: DNA-TARGETED BENZOTRIAZINE 1,4-DIOXIDES AND THEIR USE IN CANCER
THERAPY

* * * * *

Attn: PCT LEGAL OFFICE

November 8, 2006

Commissioner for Patents
Mail Stop PCT; P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

REQUEST FOR RECONSIDERATION

This is in response to the Decision mailed September 8, 2006. Reconsideration is requested on the basis of the following remarks.

In the Office Communication dated September 8, 2006, the Examiner has refused acceptance of the declaration for the present application. The Examiner states that a petition and fee under 37 CFR 1.182 is required to correct the inventor's name from "Martin J. Brown" to "J. Martin Brown." Applicants respectfully request reconsideration.

The error in the inventor's name is of a typographical nature, since it involves the transposition of the letter "J" (compare "J. Martin Brown" and "Martin J. Brown").

Furthermore, the error was made during publication by the International Bureau (IB). It

is not applicants' error, since applicants provided the correct name for "J. Martin Brown" on the PCT request form (see attached, page 2 thereof). Applicants respectfully assert that, because the error is typographical in nature (the transposition of a letter), and it was made by the IB (not applicants), applicants should not bear the burden of a petition or costs for correction.

The Examiner cites MPEP 605.04(b). However, this section clearly supports applicants' position, stating that "[w]hen a typographical or transliteration error in the spelling of an inventor's name is discovered during pendency of an application, a petition is not required, nor is a new oath or declaration under 37 CFR 1.63 needed." Certainly, transposition of a letter is considered a typographical mistake. Moreover, this section implies that any petition/payment is required for applicants' error, not error on the part of the Office, since it refers to inconsistencies between the signed name and the typed name on the declaration form (see, MPEP 605.04(b)). Applicants should not be burdened by petitions/fees where mistakes are made by the IB.

As further support, applicants point to MPEP 1893.01(e), which states "[w]here the discrepancy between the name of the inventor indicated on the international application during the international phase and the name of the inventor as it appears in the oath or declaration submitted under 37 CFR 1.479 is the result of a typographical or transliteration error, then a petition under 37 CFR 1.182 will not be required. In such case, the Office should simply be notified of the error." Applicants again assert that the transposition of a single letter is a typographical mistake. As in the previous section, this section implies that any petition/payment is required for changes necessitated by applicants, for example, to add an inventor or to include a legal name change by an

inventor (see, MPEP 1893.01(e)). Applicants should not be burdened by printing mistakes from the IB.

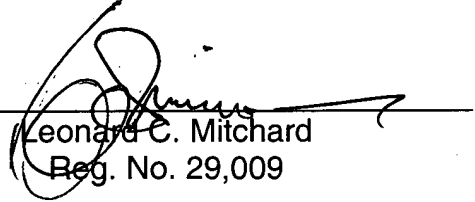
Applicants conclude that: 1) the error is typographical in nature; 2) the error was made by the IB, not applicants; and 3) as such, applicants should not bear the burden of a petition or costs for correction.

Reconsideration is respectfully requested.

Respectfully submitted,

NIXON & VANDERHYE P.C.

By: _____


Leonard C. Mitchard
Reg. No. 29,009

LCM:lfm
901 North Glebe Road, 11th Floor
Arlington, VA 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
Attachment: PCT request form

PCT

REQUEST

The undersigned requests that the present international applications be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)
JC217441/142

Box No. I TITLE OF INVENTION DNA-TARGETED BENZOTRIAZINE 1,4-DIOXIDES AND THEIR USE IN CANCER THERAPY	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) AUCKLAND UNISERVICES LIMITED Level 10 70 Symonds Street Auckland New Zealand	Telephone No. 0064 9 373 7522 Facsimile No. 0064 9 373 7412 Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: New Zealand	State (that is, country) of residence: New Zealand
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 900 Welch Road, Suite 350 Palo Alto CA 94304 1850 United States of America	This person is <input checked="" type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: United States of America	State (that is, country) of residence: United States of America
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicant and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) BALDWIN SHELSTON WATERS P O Box 852, Wellington NEW ZEALAND	Telephone (04) 472 1094 Facsimile No. (04) 473 6712 Teleprinter No. Agent's registration No. with the Office
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III **FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) BROWN, J Martin 2010 Arbryan Way Redwood City California 94061 United States of America		This person is <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: United States of America	State (that is, country) of residence: United States of America	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.) DENNY, William Alexander 165 Gossamer Drive Pakuranga Auckland 1706 New Zealand		This person is <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: New Zealand	State (that is, country) of residence: New Zealand	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.) HAY, Michael Patrick 52 St Leonard's Road Epsom Auckland 1003 New Zealand		This person is <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: New Zealand	State (that is, country) of residence: New Zealand	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.) HICKS, Kevin Owen 26 Duke Street Mount Roskill Auckland 1004 New Zealand		This person is <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: New Zealand	State (that is, country) of residence: New Zealand	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.		

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GAMAGE, Swarnalatha Akuratiya
14B Oakdale Road
Hillsborough
Auckland
New Zealand

This person is

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

Applicant's registration No. with the Office

State (that is, country) of nationality: New Zealand

State (that is, country) of residence: New Zealand

This person is applicant for the purposes of:

- ☐ all designated States
☐ all designated States except the United States of America
☒ the United States of America only
☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

PRUIJIN, Frederik Bastiaan
1052 Scenic Drive North
Swanson
Auckland 1008
New Zealand

This person is

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

Applicant's registration No. with the Office

State (that is, country) of nationality: The Netherlands

State (that is, country) of residence: New Zealand

This person is applicant for the purposes of:

- ☐ all designated States
☐ all designated States except the United States of America
☒ the United States of America only
☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

WILSON, William Robert
199 Smith Road
RD 2 Waiuku
New Zealand

This person is

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

Applicant's registration No. with the Office

State (that is, country) of nationality: New Zealand

State (that is, country) of residence: New Zealand

This person is applicant for the purposes of:

- ☐ all designated States
☐ all designated States except the United States of America
☒ the United States of America only
☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

- ☐ all designated States
☐ all designated States except the United States of America
☐ the United States of America only
☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No.V DESIGNATION OF STATES*Mark the applicable check-boxes below; at least one must be marked.*

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ **AP** **ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZA Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (*if other kind of protection or treatment desired, specify on dotted line*):
- ☒ **EA** **Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP** **European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA** **OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, specify on dotted line*):

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AL Albania | | <input checked="" type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AT Austria (and Utility Models Instead of & In Addition to Nat'l Patent) | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PT Portugal (and Utility Models) |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | | |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KP Democratic People's Republic Of Korea (and Utility Models) | <input checked="" type="checkbox"/> SG Singapore |
| | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SK Slovakia (and Utility Models) |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia (and Utility Model) | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CS Serbia and Montenegro | | |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CZ Czech Republic (and Utility Models Instead of & In Addition to Nat Pat) | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany (and Utility Models Instead of & In Addition to) | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DK Denmark (and Utility Models) | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> EC Ecuador | | |
| <input checked="" type="checkbox"/> EE Estonia (and Utility Models) | | <input checked="" type="checkbox"/> VC Saint Vincent and The Grenadines |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> FI Finland (and Utility Models) | <input checked="" type="checkbox"/> MW Malawi | |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GH Ghana (AP Utility Model) | <input checked="" type="checkbox"/> NO Norway | |
| <input checked="" type="checkbox"/> FI Finland | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☐☐☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	National application: Country or Member of WTO	Where earlier application is:	
			regional application:* regional Office	international application: receiving Office
item (1) 17 September 2002 (17/09/02)	NZ 521436			
Item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office*) identified above as:

☐ all items ☒ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)).

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA /AU

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII DECLARATIONS

The following **declarations** are contained in Boxes Nos. VIII (i) to (v) (mark the applicable Check-boxes below and indicate in the right column the number of each type of declaration):

Number of
Declarations

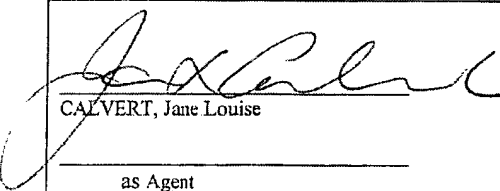
- ☐ Box No. VIII (i) Declaration as to the identity of the inventor :
- ☐ Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent :
- ☐ Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application :
- ☐ Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America) :
- ☐ Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty :

ix No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
(a) the following number of sheets in the paper form:		1. <input checked="" type="checkbox"/> fee calculation sheet		
request (including declaration sheets)	6	2. <input type="checkbox"/> original separate power of attorney		
Description (excluding sequence listing part)	118	3. <input type="checkbox"/> original general power of attorney:		
Claims	22	4. <input type="checkbox"/> copy general power of attorney; reference number, if any:		
Abstract	1	5. <input type="checkbox"/> statement explaining lack of signature		
Drawings		6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s);		
Sub-total number of sheets	147	7. <input type="checkbox"/> translation of international application into (language);		
sequence listings		8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material		
tables related thereto		9. sequence listing in computer readable form (indicate also type and number of carriers) (diskette, CD-ROM, CD-R or other):		
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)		
Total number of sheets	147	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter		
(b) <input type="checkbox"/> only in computer readable form (under Section 801(a)(i))		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column		
(i) <input type="checkbox"/> sequence listings		10. <input type="checkbox"/> tables in computer readable form related to sequence listings (indicate type and number of carriers)		
(ii) <input type="checkbox"/> tables related thereto		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)		
(c) <input type="checkbox"/> also in computer readable form (under Section 801(a)(ii))		(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)		
(i) <input type="checkbox"/> sequence listings		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column		
(ii) <input type="checkbox"/> tables related thereto		11. <input type="checkbox"/> other (specify):		
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the				
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Figure of the drawings which should accompany the abstract:		Language of filing of the international application:	English	

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



CALVERT, Jane Louise

as Agent

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